513 241 6234

SEP 2 3 2004

NO. 4861 P. 1/3

PATENT

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Hamud, at fax number 703 872 9306 on Will September 23, 2004 Jane A. Walker

Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial No:

09/971,902

Conf. No.:

Filed:

4028

Applicants:

October 5, 2001 Oeltgen et al.

Title:

METHOD FOR TREATING CYTOKINE

MEDIATED HEPATIC INJURY

Art Unit:

1647

Examiner:

Hamud

Attorney Docket:

ZYM-09US

Cincinnati, Ohio

September 23, 2004

Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

NOTICE OF APPEAL FROM THE PRIMARY EXAMINER TO THE BOARD OF APPEALS (37 C.F.R. § 1.191)

Applicant hereby appeals to the Board of Appeals from the decision of the Primary Examiner mailed March 24, 2004, finally rejecting claims 1-12.

The item(s) checked below are appropriate:

1. Status of Applicant

This application is on behalf of

[X] other than a small entity.

П a small entity.

Fee for Filing Notice of Appeal

ST AVAILABLE COPY

Pursuant to 37 C.F.R. § 1.17(b), the fee for filing the Notice of Appeal is:						
[] [X]		small entity other than a small entity		\$165.00 \$330.00		
	Notice of Appeal fee due				<u>\$330.00</u>	
	Extension of Term					
The proceedings herein are for a patent application and the provisions of 37 C.F.R. § 1.136 apply.						
(a) Applicants petition for an extension of time under 37 C.F.R. § 1.136 for the total number of months checked below:						
			Fee for		•	
		Extension	other than	l	Fee for	
		(months)	<u>small entit</u>	У	small entity	
		one month	\$ 110.00		\$ 55.00	
		two months	\$ 420.00		\$210.00	
			\$ 950.00		\$475.00	
	-	four months	\$1,480.00		\$740.00	
		fifth month	\$2,010.00		\$1,005.00	
	Fee <u>\$</u>					
Attached is a check in the amount of <u>\$</u> for the one month extension fee as required by 37 C.F.R. § 1.17(c). If an additional extension of time is required, please consider this a petition therefor.						
(Check and complete the next item, if applicable)						
An extension for months has already been secured and the fee paid thereof of \$ is deducted from the total fee due for the total months of extension now requested. Extension fee due with this request \$						
OR						
(b) X Applicants believe that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.						

3. Total Fee Due

The total fee due is:

Notice of Appeal fee \$330.00. Extension fee (if any)

Total Fee due <u>\$330.00</u>

- 4. Fee Payment
 - __ Attached is a check is the sum of \$____
 - X The Commissioner is hereby authorized to charge the amount of \$330.00 for the appeal fee to Deposit Account No. 23-3000. A duplicate of this Notice is attached.
- 5. Fee Deficiency
 - XX Charge any additional fee required or credit any overpayment to Deposit Account No. 23-3000. A duplicate of this Notice is attached.

Respectfully submitted,

WOOD, HERRON & EVANS, L.L.P.

Beverly A. Lyman, Ph.D. Reg. No. 41,961

2700 Carew Tower 441 Vine Street Cincinnati, Ohio 45202 (513) 241-2324 (513) 421-7269 (facsimile)

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